	Effective October 1, 2000												
	(CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		84	ASIC FEE	355.00	OR	BASIC FEE	710.00	İ
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9=	90.00	OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =					X40=		OR	X80=		
MUI	TIPLE DEPEND	ENT CLAIM PE	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	94500	OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	MR 2) HEST MBER HOUSLY FOR	(Column 3) PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	۲.
DME	Total	· 25	Minus	مح 🕶	30	-O =	Γ	X\$ 9=		OR	X\$18=		
MEN	Independent	. 3	Minus	***	2	= 8	T	X40=		OR	X80=		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL		OR	TOTAL		1
		(Column 1)		(Coli	umn 2)	(Column 3)	ΑŪ	ODIT. FEE			ADDIT, FEE)	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total		Minus	**		= .		X\$ 9=		OR	X\$18=		
MEN	Independent	•	Minus	***		=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		1
						•	L	TOTAL		OR	TOTAL		1
		(0.1		(Column 2) (Column 3				DDIT. FEE		.	ADDIT. FEE	L	1
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
OME	Total		Minus	**	. <u></u>	=	1	X\$ 9=		OR	X\$18=		1
KEN	Independent	•	Minus	***	•	=	1	X40=		1	V00-	<u> </u>	1
	FIRST PRES	NTATION OF	MULTIPLE DE	PENDE	NT CLAIN	1]		 	OR		+	1
			dha anta-in est		rita *A* im a	i oluma 3	L	+135=		OR		 	4
1 .	If the entry in colo If the "Highest No "If the "Highest No The "Highest No	Imber Previousty	Paid For IN TH	IS SPAC	E is less th	an 20, enter "20 an 3. enter "3."		TOTAL DDIT. FEE nd in the a	ــــــ	OR ox in c	AUUIS. FEE		1

Application or Docket Number